

**BRIAN HEAD RESORT
DAYCARE ENROLLMENT AND RELEASE OF LIABILITY FORM**

CHILD'S NAME:

1. _____ Gender: _____ Birth Date: _____
2. _____ Gender: _____ Birth Date: _____
3. _____ Gender: _____ Birth Date: _____
4. _____ Gender: _____ Birth Date: _____

HOME ADDRESS:

HOME PHONE NUMBER: _____ **CELL PHONE NUMBER:** _____

PARENT/GUARDIAN NAME: _____

HEALTH INFORMATION (e.g. medications taken, dietary restrictions, **ALLERGIES**, chronic physical conditions, sensitivities, etc.): _____

CHILD'S SPECIAL HABITS, NEEDS, FEARS, ETC.: _____

I warrant that the Child does not have any communicable diseases (including common cold), and that the Child is current with age appropriate immunization requirements. Initial:

PARENT/GUARDIAN MUST CAREFULLY READ THE FOLLOWING AUTHORIZATION AND INDEMNIFICATION AGREEMENT AND RELEASE FROM LIABILITY AND SIGN AT THE END.

GENERAL AUTHORIZATION AGREEMENT: I, the parent/guardian of the child/children noted above (the "Child"), grant permission for him/her to participate in all daycare activities. I also grant permission for the Child to participate in daycare activities outdoors. I recognize, for myself and the Child, that these activities involve risks of serious injury. The risks include falls, collisions, snow and ice conditions, traffic, skiers, and inherent risk associated with the mountain environment. I am enrolling the Child with the knowledge of these risks and expressly agree to assume such risks on behalf of the Child. I further represent and agree that the Child is covered by health/medical insurance, and that such insurance will take care of any injuries incurred by the Child, and that the insurance benefits will be my and the Child's sole remedy in case of injuries.

MEDICAL AUTHORIZATION AND INDEMNIFICATION AGREEMENT: I further authorize the daycare facility, at the discretion of any employee, to obtain medical care for the Child and/or transport or arrange to transport the Child to an appropriate medical facility, if medical attention appears necessary. I understand that the daycare facility will make a reasonable effort to locate me in the event of such an emergency. Regardless, I authorize a licensed doctor or other medical care provider to carry out any emergency medical care of the Child. I agree to pay all costs associated with such medical treatment and related transportation for the Child.

INDEMNIFICATION AGREEMENT AND RELEASE OF LIABILITY: I hereby agree to forever INDEMNIFY Brian Head Resort, LLC., BHR Holdings, LLC., Brian Head Resorts, Ltd., Brian Head Ski Ltd., Brian Head Resort Development, LLC., Brian Head Resort Realty, LLC., owners of any property, their employees (collectively hereinafter "Brian Head") from any and all claims, causes of action, liabilities and expenses (including attorney fees) that may arise as a result of placement of the Child in daycare, including any injury, damage or loss which the Child may cause, solely or partially, to any other child enrolled in the daycare. My obligation to indemnify Brian Head also includes all claims, causes of action, liabilities of Brian Head or its employees brought against Brian Head by me, by the Child, or by any person on behalf of the Child, for any injury, damage or loss to the Child or to his/her property or to

me. Further, I, for myself, the Child, my heirs, and executors, KNOWINGLY AND INTENTIONALLY FULLY RELEASE Brian Head from any and all claims, causes of action, liabilities and expenses (including attorney fees), arising directly or indirectly out of any injury, damage or loss to the child, his/her property, or to me as a result of the Child's placement in daycare, or from some other cause and agree never to file a lawsuit against Brian Head.

Persons who may be called in case of illness or emergency if PARENT/GUARDIAN can not be reached:

Name: _____ Relationship: _____

Phone Number: _____

Address: _____

Name of Child's Physician: _____

Phone Number: _____

Address: _____

The following people are authorized to pick up my Child from daycare. I understand that they must present picture identification before the Child can be released into their custody.

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THEY ARE THE PARENT OR LEGAL GUARDIAN OF THE CHILD, AND THAT THEY HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS AUTHORIZATION AND INDEMNIFICATION AGREEMENT AND RELEASE FROM LIABILITY.

SIGNATURE OF PARENT/GUARDIAN (signed at Daycare Center at Check In):

DATE: _____

DATE OF ENROLLMENT

CHECK THE WHITEBOARD AT THE BOTTOM OF EACH CHAIRLIFT FOR MESSAGES